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SERIAL NUMBER 09/961,091	FILING OR 371(c) DATE 01/14/2002 RULE	CLASS 602	GROUP ART UNIT 3772	ATTORNEY DOCKET NO. 54404US008
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/235,720 01/22/1999 PAT 6,420,622  
 which is a CIP of 09/099,269 06/18/1998 PAT 6,290,685  
 and is a CIP of 09/099,565 06/18/1998 PAT 6,080,243  
 and is a CIP of 09/106,506 06/18/1998 PAT 6,524,488  
 and is a CIP of 09/100,163 06/18/1998 PAT 6,514,412  
 and is a CIP of 09/099,632 06/18/1998 PAT 6,907,921  
 and is a CIP of 09/099,555 06/18/1998 PAT 6,431,695  
 and is a CIP of 09/099,562 06/18/1998 PAT 6,375,871  
 which is a CIP of 08/905,481 08/01/1997 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 10/23/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
MN	12	25	2

**ADDRESS**

32692

**TITLE**

MEDICAL ARTICLE HAVING FLUID CONTROL FILM

FILING FEE RECEIVED 800	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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